1 of 4

JAMES CUNNINGHAM
CMC EAST Bldg. 6267 X
P.O. BOX 8103
SAN LUIS OBISPO CA. 93403

FILED
2008 JAN 22 AM 10:44
ORIGINAL
SOUTHERN DISTRICT OF CALIFORNIA
BY Sig. RM DEPUTY

NUNC PRO TUNC
JAN -9 2008

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT of CALIFORNIA

JAMES CUNNINGHAM Petitioner,	CASE NO. S-151640
John Marshall (warden CMC) Respondent.	NOTICE of Appeal: Motion for REQUEST of LEGAL COUNSEL for The INCOMPETENT.

Petitioner is informing the Courts do to his MENTAL illness that HE CAN not represent himself in the Courts of LAW. Petitioner is being indicative about his disorder.

Petitioner would Like the Privilge to be represented bY Counsel. The legal assistanes Petitioner was exposed is NO Longer available IN this Prision because he was transfered out. Petitioner can ownly do a certain amount of Legal work because of his condition. And this has been a issue since Superior Court. Legal Counsel told me there it wouldnt be consider. So that thought rested there. But by talking to my Doctor and People under (pro se) should different. The Medication, I take to cope with my disability would cause a element of risk. By me not being savvy with the law. Before my assistant left he gave me some cites to applie too.

2 of 4

Motion; for Legal Counsel due to incompentecy and Mental disorder Code of Civil Procedure 2016.310:

Title 4. Civil Discovery act Chapter 15 Physical or Mental examination. The Doctors since, I'v been incarcerated has kept record of my Mental illness and the Medication to treat it. Petitioner would Like the privilege to adapt Article 1. General Provisions. Current through CH 172 of 2007 Reg. sess urgency legislation: 2032.020. Persons subject to discovery: restriction: Qualifications of examining Physicians, Psysicians and Psychologists: (A). Any Party May obtain discovery. subject to the restrictions set forth in Chapter #5 commencing with Section 2019.010). by Means of a Physical or Mental examination of (1). a party to the action (2). an agent of any Party or (3). a natural Person in the in the custody or under Legal control of a party, in any action in which the Mental or Physical conditions (including the blood Group) of that Party or other person is in controversy in the action. (B). A Physical Examination conducted under this chapter shall be perform only by a licensed Physicial or other appropriate licensed health care practitioner.

(C). A Mental Examination conducted under this chapter shall be Performed only by a licensed Physician, or by A licensed clinical Psychologist who holds a Doctor degree in Psychology and has had at least five Years of graduate experience in the diagnosis of emotional and Mental disorder.

In addition to a Probation hearing evaluation could not Law or clinically recognize a under neath Mental or Physical disorder nor Judge a Judge whom is bias and miscarrie Justic. when anouced my condition Petitioner was told that the "Judge want go for that! By Counsel", but through research Petitioner finding is that it takes channels to rule on a situation Like Petitioners.

So far the Counsel remains ineffective at this fast track trial, and Conflict of choice brews.

Code of Civil Procedure 2016.310: Title 4 Civil Discovery act chapter * 15. Physical or Mental examination (Article * 3) Motion for Physical or Mental Exmination 2032.310: Other forms of Examination by Leave of Court: form and Context of Notice of Motion: Party served. (A). If any party desires to obtain discovery by a Physical examination other than that described in Art. * 2 commencing with Section 2032.210, or by a Mental Exmination the Party shall obtain Leave of Court. So far Petitioner has not rule out 2032.210 out an would care for this section to be reserved * respectfully, speaking. (B) A Motion for an Examination under Subdivison (A) shall specify the time, Place manner conditions, scope nature of the exmination as well as the identity and the specialty if any of the Person or Persons who will Perform the Examination the Motion shall be accompanied by a meet and confer declaration under section 2016,... (C) Notice of the Motion shall be served on the Person to be examined and on all Parties who have appeared in the action. futher more since Petitioner is under Doctors care Petitioner will function under 15 C.C.R. 3369.1 Article * 9. Mental health service Penal Code: 2684. Welfare and institution Code Sec. 5256.

If Petitioners Counsel would of took the Matter in to consideration these Motions & Law would of been addressed at the begining.

of the trial. Petitioner urgency with ~~said~~ legislation shall be met.
Section 1013: Petitioner would like to Motion California State Supreme,
if needed. However Petitioners serious emotional illness are current
Mental and emotional and his lost of hearing tense to be a problem.
An in addition would care for the Courts Compliment to 15 C.C.R.
R 53360. Barclay Official California code of regulations Title 15.
Mental Health Services: (A) The department will provide a
board range of Metal health services to inmates and Parolee
by assessing the needs of its population and develope specialized
Programs of Mental health Care, to the extent resoures that are
available for this purpose. Neccessary and appropriate Mental
health services will be provided to inmates and Parolees, and adequate
staff and facilites will be Maintained for delivery of such services.
Petitioner would like too be apart of that interlope provided here, but is
over when in finding adequate help with his case.

When an imate is found to require Mental health care not available
within these resoures, but which is available in the Department
of Mental Health, the case will be referred to the director for
Consideration of temporary to that department Pursuant to Penal
Code section 2684... This Prison has met my needs parcelly, that's
one of the reasons I, was transfer here its been a Mental
blizzard for me; sofar. California New Law on character evidence
Evidence Code Section 352 and The impact of recent Psychological
studies... Miguel Angel Mendez (1984) 31 U.C.L.A. L. Rev. 1003.

I declare under penalty of perjury the foregoing is
true and correct to the best of my knowlege and belief.

Date: 12.25.2007

Sign: Zanes Lig[illegible]

Medical Records

STATE OF CALIFORNIA
DISABILITY PLACEMENT PROGRAM VERIFICATION (DPPV)
CDC 1845 (Rev. 01/04)

DEPARTMENT OF CORRECTIONS
CHECK ALL APPLICABLE BOXES

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME:	CDC NUMBER:	INSTITUTION:	HOUSING ASSIGNMENT:	DATE FORM INITIATED:
Cunningham,	V72323	CMC-E	6267X	12-17-07

Sections A - B to be completed by licensed medical staff.

SECTION A: REASON FOR INITIATION OF FORM

- [ ] Inmate self-identifies to staff
- [ ] Third party evaluation request
- [ ] Observation by staff
- [X] Medical documentation or Central File information

SECTION B: DISABILITY BEING EVALUATED

- [ ] Blind/Vision Impaired
- [ ] Speech Impaired
- [X] Deaf/Hearing Impaired
- [ ] Mobility Impaired

Sections C - G to be completed by a physician only.

SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT

1. [ ] FULL TIME WHEELCHAIR USER - **DPW** Requires wheelchair accessible housing and path of travel.
2. [ ] INTERMITTENT WHEELCHAIR USER - **DPO** Requires lower bunk, wheelchair accessible path of travel and ***does not require*** wheelchair accessible cell.
3. [ ] MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - **DPM** Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel.
4. [ ] DEAF/HEARING IMPAIRMENT - **DPH** Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements.
5. [ ] BLIND/VISION IMPAIRMENT - **DPV** Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).
6. [ ] SPEECH IMPAIRMENT - **DPS** Does not communicate effectively speaking or in writing.

SECTION D: PERMANENT DISABILITIES *NOT* IMPACTING PLACEMENT

1. NO CORRESPONDING CATEGORY
2. NO CORRESPONDING CATEGORY
3. [ ] MOBILITY IMPAIRMENT (Lower Extremities) - **DNM** Walks 100 yards without pause with or without assistive devices.
   - [ ] No Housing Restrictions
   - [ ] See HOUSING RESTRICTIONS in Section E
   - [ ] Requires relatively level terrain and no obstructions in path of travel. **Do not place at:** CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C:________)
4. [X] HEARING IMPAIRMENT - **DNH** With residual hearing at a functional level with hearing aid(s).
5. NO CORRESPONDING CATEGORY
6. [ ] SPEECH IMPAIRMENT - **DNS** Does not communicate effectively speaking, but does when writing.

EXHIBIT

SECTION E: ADDITIONAL MEDICAL INFORMATION

CSR ALERT:

- [ ] Requires relatively level terrain and no obstructions in path of travel
- [ ] Complex medical needs affecting placement
- [ ] CDC 128-C ________

HEALTH CARE APPLIANCE / IDENTIFICATION VEST:

- [ ] Cane
- [ ] Crutch
- [ ] Walker
- [ ] Leg/Arm prosthesis
- [ ] Vest
- [ ] Other: ________
- [X] CDC 128-C(s) dated: Bilateral hearing aids

ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

- [ ] Feeding or Eating
- [ ] Bathing
- [ ] Grooming
- [ ] W/C transferring
- [ ] Toileting
- [ ] Other: ________
- [ ] CDC 128-C(s) dated: ________

OTHER DPP DESIGNATIONS:

- [ ] NONE

CODE	DATED	CODE	DATED

HOUSING RESTRICTIONS:
- [ ] Lower bunk
- [ ] No stairs
- [ ] No triple bunk. CDC 128-C(s) dated: ________

SECTION F: EXCLUSIONS

- [ ] VERFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT *claimed* disability. (Explain in Comments Section and CDC 128-C dated ________).
- [ ] REMOVAL FROM A DPP CODE: Removal from previous DPP code: ________. (Explain in Comments Section and CDC 128-C dated: ________.)
- [ ] REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): ________. (Explain in Comments Section and CDC 128-C dated: ________.)

SECTION G: EFFECTIVE COMMUNICATION FACTORS

- [ ] Uses Sign Language Interpreter (SLI)
- [ ] Reads Braille
- [ ] Communicates with written notes
- [ ] Requires large print or magnifier
- [ ] Reads lips
- [X] NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD with hearing aids

PHYSICIAN'S COMMENTS: *(Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)*

PHYSICIAN'S NAME (Print)	PHYSICIAN'S SIGNATURE	DATE SIGNED
R Hendricks	[signature]	17 Dec 07
HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print)	**HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE**	**DATE SIGNED**
Kim Kumar	Kim Kumar MD	12/18/07

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

1 of 4

DEC 2 5 2007

ORIGINAL

JAMES Cunningham
CMC EAST Bldg. 6267 X
P.O. BOX 8103
SAN Luis OBISPO CA. 93403

UNITED STATES DISTRICT COURT
SOUTHERN District of CALIFORNIA

JAMES Cunningham Petitioner,

John Marshall (warden CMC)
Respondent.

CASE NO. S-151640

Notice of Appeal:
Motion for REQUEST of LEGAL COUNSEl for The INCOMPETENT.

Petitioner is informing the Courts do to his mental illness that He can not represent himself in the Courts of LAW. Petitioner is being indicative about his disorder.

Petitioner would Like the Privilge to be represented by Counsel. The legal assistances Petitioner was exposed is no Longer available in this Prision because he was transfered out. Petitioner can ownly do a certain amount of Legal work because of his condition. And this has been a issue since Superior Court. Legal Counsel told Me there it wouldn't be consider. So that thought rested there. But by talking to MY Doctor and People under (Pro se) should different. The Medication, I take to cope with MY disability would cause a element of risk. BY ME not being SAVVY with the LAW. Before MY assistant Left he gave me some cites to applie too.

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(C). A Mental Examination Conducted under this chapter shall be Performed only by a licensed Physician, or by A licensed clinical Psychologist who holds a Doctor degree in Psychology and has had at least five years of graduate experience in the diagnosis of emotional and Mental disorder.

In addition to a Probation hearing evaluation could not Law or clinically recognize a under neath Mental or Physical disorder nor Judge a Judge whom is bais and miscarrie Justic. when anouced my condition Petitioner was told that the "Judge want go for that: By counsel", but through research Petitioner finding is that it takes channels to rule on a situation Like Petitioners.

Sofar the Counsel remains ineffective at this fast track trial, and Conflict of choice brews.

Code of Civil Procedure 2016.310: Title 4 Civil Discovery act chapter *15. Physical or Mental examination (Article *3) Motion for Physical or Mental exmination 2032.310: Other forms of examination by Leave of court: form and context of Notice of Motion: Party served. (A). If any party desires to obtain discovery by a Physical examination other than that described in Art. *2 commencing with Section 2032.210, or by a Mental Exmination the Party shall obtain Leave of Court. Sofar Petitioner has not rule out 2032.210 out an would care for this section to be resebserved* respectfully, speaking. (B) A Motion for an Examination under Subdivison (A) shall specify the time, Place manner conditions, scope nature of the exmination as well as the identity and the specialty if any of the Person or Persons who will Perform the Examination the Motion shall be accompanied by a meet and confer declaration under section 2016,... (C) Notice of the Motion shall be served on the Person to be examined and on all Parties who have appeared in the action.

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If Petitioners Counsel would of took the matter in to consideration these Motions & Law would of been addressed at the begining.

4of4

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When an imate is found to require Mental health care not available within these resoures, but which is available in the Department of Mental Health, the case will be referred to the director for Consideration of temporary to that department Pursuant to Penal Code section 2684... This Prison has Met My needs parcelly, that's one of the reasons I, was transfer here its been a Mental blizzard for me, sofar. California New Law on Character Evidence Evidence Code Section 352 and The import of recent Psychological studies. Miguel Angel Mendez (1984) 31 U.C.L.A. L. Rev. 1003.

DEC 2 5 2007

Date: 12.25.2007

DEC 2 5 2007 Sign: Zanes Lig[illegible]

State of California Department of Corrections & Rehabilitation
Sierra Conservation Center Progress Note

Date: 11/6/2006 **Time:** 13:30 **EPRD:** 1/14 **Controlling Case:**

S: Patient ID: 48 y/o ☐Single/☑Married/☐Common Law/☐Divorced; Children:

HPI & Complaints: [source of information is the patient]

Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares

Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased

Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☑Hopeless/ ☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger

Stressors: I/M reported he is taking his meds + is working for [illegible]

Drug History: Alcohol Abuse:☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☐No

Current Psych Medications: ☐None/☐Abilify/☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☑Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☐Wellbutrin/☐Zoloft/☐Zyprexa

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt;

O: Mental Status Exam

Appearance	☑Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ______
Behavior	☑Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑Normal ☐ Poor
Speech	☑Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑Full range ☐ Constricted ☐ Blunted ☐ Flat
	☑Mood congruent ☐ Mood Incongruent
Thought Processes	☑Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑Good ☐ Limited ☐ Poor
Judgment	☑Good ☐ Limited ☐ Poor

EXHIBIT

LAB RESULTS:

ASSESSMENT

Axis I Depressive d/o NOS

Axis II ☑Deferred

Axis III

Axis IV **Incarceration** Yrs: Mos: ☐ Uncertain about date of parole.

Axis V Current GAF = 55

PLAN ☐ **Labs Ordered** **RTC:** 6 mo

☑Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:

I/M stable on meds

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☐ sleep hygiene ☐ compliance ☐ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: Cunningham, Jane DOB 2/16/58 CDC # V72323 Date: 11-6-06

State of Ca nia Department of Corrections & tation
Sierra Conservation Center Progress Note

Date: 10 /22/ 2006 **Time:** 1400 **EPRD:** / 1/4 **Controlling Case:**

S: Patient ID: 47 y/o ☐Single/☐Married/☐Common Law/☐Divorced; Children: 7 children

HPI & Complaints: [source of information is the patient]

Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares

Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased

Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☐Hopeless/ ☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger

Stressors: I/M reported that he has been accused of not taking his medication when he was reluctant to open his mouth to be checked. He feels it is demeaning.

Drug History: Alcohol Abuse:☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☑Methamphetamine ☐PCP

Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☐No

Current Psych Medications: ☐None/☐Abilify/☑Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☑Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☑Wellbutrin/☐Zoloft/☐Zyprexa

Side Effects: ☐ Yes ☑ No

Suicide History: ☐ Denies h/o any past suicide attempt;

O: Mental Status Exam

Appearance	☑ Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ________
Behavior	☑ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑ Normal ☐ Poor
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑ Full range ☐ Constricted ☐ Blunted ☐ Flat ☑ Mood congruent ☐ Mood Incongruent
Thought Processes	☑ Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑ No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
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Insight	☑ Good ☐ Limited ☐ Poor
Judgment	☑ Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT

Axis I Depressive d/o NOS

Axis II ☑ **Deferred**

Axis III

Axis IV Incarceration Yrs: Mos: ☐ Uncertain about date of parole

Axis V Current GAF = 55

PLAN ☐ **Labs Ordered** **RTC:** 11-21-06

☑ Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:

I/M frustrated he has to submit to mouth checks to receive medication

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options; most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☑ sleep hygiene ☑ compliance ☑ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: Cunningham, James DOB: 4/16/58 CDC #: V72323 Date: 10/22/06

Please FILE

State of C[...]ornia Department of Corrections & [...]abilitation
Sierra Conservation Center Progress Note

Date: 10/16/2006 Time: 1500 Face to face interview ☑Yes/☐No EPRD: 2014
SUBJECTIVE: Patient ID: 48 y/o ☑Single/☐Married/☐Common Law/☐Divorced; Children: 6
HPI & Complaints: [source of information is the patient]
Pt feels he needs more energy in the afternoon
He feels a little depressed [illegible]

Drug History: Alcohol Abuse: ☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; Seizure d/o: ☐Yes/☑No
Current Psych Medications: ☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☐Remeron/☑Seroquel/☐Trazodone/☐Wellbutrin/☐Zoloft/☐Zyprexa Wellbutrin

Side Effects: ☐ Yes ☐ No
Suicide History: ☐ Denies h/o any past suicide attempt;

OBJECTIVE Mental Status Exam

Appearance	☑ Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing
Behavior	☑ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑ Normal ☐ Poor
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor AIMS SCORE
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑ Full range ☐ Constricted ☐ Blunted ☐ Flat
	☑ Mood congruent ☐ Mood Incongruent
Thought Processes	☑ Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑ No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
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Axis III
Axis IV Incarceration Yrs: 2 Mos: ☐ Uncertain about date of parole
Axis V Current GAF = 50
PLAN ☐ Labs Ordered RTC:
☐ Continue current psych med regimen ☐ Revise current psych med regimen
☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:
↑ Wellbutrin to 100 qAM + 150 qAfternoon

PATIENT EDUCATION
☐ Medication Informed Consent Obtained
☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.
☐ sleep hygiene ☑ compliance ☑ relapse prevention
☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.
Print Name: MICHAEL W. MADDOX, M.D. Signature: Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: Cunningham, James DOB: 2/16/58 CDC # V72323 Date: 10-16-06

State of California, Department of Corrections–Institution: SCC Prior Page Number: ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

[EPRD 2014]

Date/Time:	Use Name & Title Stamp:
10/12/06	Ψ Note - 90 Day CM F/U "hope next yr - I've got an appeal"
S:	"I'm good... the medications fine. It helps c̄ day to day coping c̄ the penitentiary system you know officers give you a bad X... I'm in Bldg 5... I go to Cel. Recovery... Visiting... Medical... I get around... I'm working a good program. I go to computer class... @ August I had a breakdown... I felt my recovery wasn't working, everyone was out to get me... I've only been really working Recovery/faith ≈ 9 months"
O:	I.M. is a 52 D, big "AA" dad (30 → 6 y.o.) (↑7 children). "The boys are all grown, my mother is kinda in charge, my ex-wanta resented that, but I felt it was best for the girls." MSE: fully WNL's Ø DTS, Ø hx. SXs; Ø DTO's currently. I.M. freely admits to violent hx, but reports extensive, sincere efforts toward Δ. Ø Ψtic sxs, Ø acute sxs of mood D.O. I.M. med compliant c̄ Ø (-) S.E.'s
A	Very personable, engaging, forthcoming, seemingly sincere I.M. striving for self-improvement & Δ.
	Hx: Dxs: Axis I Dep. D.O. NOS & EtOH Dep. - Inst. Remission
	Axis II V71.01 Anti Soc Adult Behavior / V71.02 " " Adol " (Hx Gang Involvement)
	GAF = 70
P:	- Cont. Ψiatry as sched.
	- Cont. Clin Case Mgt F/U ≤ 90 days &/or I.M. request.

Page #____

G. Moore, Ph.D.

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient (Outpatient)	Last Name: First Name: MI: Cunningham, James CDC# V72323 DOB 2/16/58

SIERRA CONSERVATION CENTER
INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 7/20/06

Members present:		Reason for Review:	
(X)	Moore, PhD. Staff Psychologist	( )	Initial Review
(X)	Otto, PhD. Senior Psychologist	( )	Treatment Plan Review
( )	Allen, PhD. Staff Psychologist	(X)	Annual Review
( )	Backlund, PhD. Staff Psychologist	( )	Program Review
( )	Sanchez, LCSW	( )	Program Removal
(X)	Parks, PhD. Staff Psychologist	( )	Case Review
( )	Lancaster, PhD. Staff Psychologist	( )	AD SEG Placement
( )	Savage, PhD. Staff Psychologist	( )	Other:
( )	Halliburton, PhD. Staff Psychologist	( )	
( )	Palmer, MD. Staff Psychiatrist		
(X)	Lemp, MD, Psychiatrist		
(X)	CCI Lopez		
( )	Inmate attended		

Date of AD SEG Placement: _____ Initial ICC Date: _____ Next ICC Date: _____

Reason for Placement: _____

Current AD SEG Disp: _____

Pertinent Case Factors Discussed: (X) Treatment Plan Reviewed and Signed

Team Input/Recommendations: (X) Not Applicable

Action Plan: (X) See Treatment Plan

Other:

Cont. C̄ LOC

( ) Appropriate Chrono Completed

Next Review Date: ( ) 7/20/07

Clinical Case Manager:

Signature: Y. Moore, PhD

INMATE: Cunningham, J.

NUMBER: V72323

IDTT#1

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time: (CM) 30 D F/U Use Name & Title Stamp.

7/13/06 @ 11:40 am

ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE

Appearance	Cane - knee	☒ WNL
Behavior	Talkative	☒ WNL
Mood	low in AM's.	☒ WNL
Sleep	corrected c̄ Rx	☒ WNL
Appetite	good	☒ WNL
Affect	cooperative, liable	☒ WNL
Suicidality	occ S/I, Ø Attempts	☒ None noted or stated Ø Hx
Hallucinations	Ø	☒ None
Delusions	Ø	☐ None
Medications	Benadryl, Seroquel 600, Remeron 15mg	☒ Helpful Nice combo. (Fatigue) would like Wellbutrin too!
Referral to psychiatrist needed	☒ refer to MD →	
Progress of identified problems/needs/issues (see MH2)		

COMMENTS:

– Hurt himself: knee chair fell apart. No X-ray.
– Missing family & phone calls. Recovery M-SAT. Church SW. Helps!
– ~~Stag~~ Struggles c̄ fatigue & motivation.
– Waiting for group – "self ?" 26th
– Ø take institutional issues personally.

RDPat, PhD.

7-20-06 0940 ō s/z
OK, but wants wellbutrin
OK, Wellbutrin and wellbutrin)

Rob

Page # ___ ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	(CCCMS)	Cunningham, James
Confidential Client/Patient Information See W & I Code, Section 5328	EOP	
	Outpatient	CDC # V-72323 DOB 2/16/58

7-18-06 JUL 07 2006 Copy for mental health 294787

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT 7/5/06

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☑ MENTAL HEALTH ☑ DENTAL ☐ MEDICATION REFILL ☑

NAME	CDC NUMBER	HOUSING
James Cunningham	V72323	5-T-111
PATIENT SIGNATURE		DATE 7-3-05

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) Twisted knee pain full. Also need to see psych adult morning meds SAP. Need Tums antacids problems lower back pains, I have fell of a broken chair

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE 7/5/06

Date / Time Received:	**Received by:**
Date / Time Reviewed by RN:	**Reviewed by:**

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A:

P:

☐ **See Nursing Encounter Form**

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP:	DATE OF APPOINTMENT:
COMPLETED BY	NAME OF INSTITUTION

PRINT / STAMP NAME	SIGNATURE / TITLE	DATE/TIME COMPLETED

CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

7-18-06 Dr. Church JUL 07 2006 Copy for mental health 294787

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEAL . CARE SERVICES REQUEST ORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT 7/5/06

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☑ MENTAL HEALTH ☑ DENTAL ☐ MEDICATION REFILL ☑

NAME	CDC NUMBER	HOUSING
James Cunningham	V72323	5-T-111
PATIENT SIGNATURE		DATE 7-3-05

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) TWISTED KNEE PAIN full ALSO NEED TO SEE Psych Adult MORNING MEDS 3 A.P. NEED TUMS ANTACIDS Problems LOWER BACK PAINS, I have fell of a Broken chair

A. Moore 7/20

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE 7/5/06

Date / Time Received:	**Received by:**
Date / Time Reviewed by RN:	**Reviewed by:**

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A:

P:

☐ **See Nursing Encounter Form**

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP:	DATE OF APPOINTMENT:
COMPLETED BY	NAME OF INSTITUTION

PRINT / STAMP NAME	SIGNATURE / TITLE	DATE/TIME COMPLETED

#2

State of California, Department of Corrections–Institution: SCC   Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time: Use Name & Title Stamp.

6-28-06 10 AM ō S/I ō Hx S/A

N.B.: death in fam 3/06 –
really bad to be in prison –
↑ irritable, ↓ sleep, ↓ ambition
Ⓢ OK for sleep / ↓ wgt.
stable @ 290 lb

Ⓞ OK – ? short (but polite), [illegible]

Ⓐ 1° depression

Ⓟ Add Benadryl 25
Add Remeron 15
[illegible] 60

pt. agrees

Ron [signature]

Page #______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: First Name: MI: CUNNINGHAM, JAMES V72323 02/16/58 CDC#______ DOB __/__/__

State of California, Department of Corrections–Institution: S.C.C. Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
5/9/06	Chart Review) F/U ṗ IDTT (4/27/06)
	– I.M. apparently referred by DR. Church (note 3/7/06) to IDTT "for review". ? I.M.'s concern re: possible housing Δ to gym
	– IDTT 4/27/06 Rec: /Action Plan/Other as follows:
	– Cont. Same Tx Plan
	– Cont. CC Mgt F/U ≈ 30 days (this clinician if I.M. cont. housing Bldg 5)
	– I.M. assessed as "Not EOP" (at IDTT & prior evals, see note/MH 3 5/5/06)
	– I.M. due for IDTT Annual ≈ 7/21/06
	– Update MH 2 (last 7/21/05), prior to "
	– Update MH 4 (last 7/13/05) PRN, " "
	– I.M. stable, however requesting appt. c̄ Psychiatrist, DR. Church (specifically) re: desires "Benadryl", ? sleep disturbance vs. ↓ tolerance for delay in sleep onset.
	– Appt c̄ Dr. Church 5/18/06 re: aforementioned.
	* Note: In last sev contacts c̄ this clinician I.M. appears c̄ request/concern c̄ secondary gain &/or apparent underlying motive(s). I. Moore, PhD
	I. Moore, PhD.

Page#: ______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient Outpatient	Last Name: First Name: MI: Cunningham, Jame CDC# V72323 DOB 2/16/58

State of California, Department of Corrections–Institution: J.C.C Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	[EPRD 2014] Use Name & Title Stamp.
5/3/06	ψ Note - CM 90 Day F/U (1st Mtg. c̄ this clinician, met I.M. at IDTT)
S:	"I'm ok. Sometimes pretty good, other times not.... yeah I wanted to go EOP so I can move closer to my family [San Diego]..." I.M. spec. c/o "I'd like the Benadryl back... for sleep...".
O:	I.M. is a S, 50 y.o., well-nourished, nicely groomed AA fa of 6 (5-30 yrs of age), & c̄ his mo. alive & well. (Misinformed re: EOP, Inter-CDC transfers, etc... Open-minded & seemingly comprehended info., appreciative of same.) Mood = ↑ dysthymic, but broad range appro affect, congruent to content of discussion. Clearly denies current S/H. I Ø hx S/A's; (+) hx violence. Ox4, speech spontaneous, clear, coherent, organized, Ø Report/Evid. of ψ otic sxs/process. (Hx: ? A/H. see prior Data Base). I & J - fair → good at this X. Historically - ~~I & J~~ Insight severely limited c̄ grossly impaired judgment ? 2° sub. use/abuse. Minimizes this I.I. I.M. vaguely mentions some sleep disturbance, but Ø signif. ↓/↑ reported.
A:	(Prov) Dx: Axis I Dep. D.O. NOS ETOH Dep. Ø acute issues, concerns... would like ψ iatrist appt re: Benadryl
P:	- F/U CM c̄ 30 days (EOP if I.M. assigned to this clinician c̄ ↑ info.) - ψ iatrist Appt - per sched. c̄ 1 mth, vs. I.M. req.

Page #

J. Moore, Ph.D

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient Outpatient	Last Name: First Name: MI: Cunningham, Jame CDC# V 72323 DOB 2/16/58

VOS 20399

SIERRA CONSERVATION CENTER
INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 4/27/06

Members present: Moore, T. PhD

- (X) Alexander, PhD. Staff Psychologist
- (X) Otto, PhD. Senior Psychologist
- (X) Allen, PhD. Staff Psychologist
- ( ) Backlund, PhD. Staff Psychologist
- ( ) Sanchez, LCSW
- ( ) Hardcastle, PhD. Staff Psychologist
- (X) Lancaster, PhD. Staff Psychologist
- ( ) Savage, PhD. Staff Psychologist
- ( ) Hallibirton, PhD. Staff Psychologist
- ( ) Palmer, MD. Staff Psychiatrist
- (X) Lemp, MD. Psychiatrist
- (X) CCI Clark
- ( ) Inmate attended

Reason for Review:

- ( ) Initial Review
- ( ) Treatment Plan Review
- ( ) Annual Review
- ( ) Program Review
- ( ) Program Removal
- ( ) Case Review
- ( ) AD SEG Placement
- ( ) Other: ____________
- ( ) ____________

Date of AD SEG Placement ________ Initial ICC Date ________ Next ICC Date ________

Reason for Placement ________

Current AD SEG Disp ________

Pertinent Case Factors Discussed ( ) Treatment Plan Reviewed and Signed

Team Input/Recommendations ( ) Not Applicable

Action Plan: (✓) See Treatment Plan

Other: Follow up – Not E.O.P Candidate at this time

( ) Appropriate Chrono Completed Next Review Date: ( ) ________

Clinical Case Manager: T. Moore PhD

INMATE: Cunningham, J.

Signature: T. Moore, PhD

NUMBER: V72323

IDTT#1

State of California, Department of Corrections–Institution: SCC Prior Page Number:__________

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
3/2/06	Psych C
1130	too much stimulation gm (w)
	wants not to go gym
	referred to CCM/POTT for review
	nondep/nonpsych; no other sse
	not S/H
	A/P n/c
	COP
	optimize
	RTC prn 3 months
	[signature]
	4-27-06 1500 IDT
	? Metabolic Syndrome
	[signature]

Page #__________

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: J72327 CDC#__ __ __ __ __ __ __ DOB__/__/__

State of California, Department of Corrections–Institution:__________ Prior Page Number:__________

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
1/12/06 12:00	Psych C→T
	Feel much better
	broad affect, nondppr, nonpsych.
	nosse, not SI/HI/GI, GAF
	A/p n/c
	CBB
	RTC prn 3 months
	[signature]

Page #:__________

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]		Cunningham
		V72323
Confidential Client/Patient Information See W & I Code, Section 5328	Inpatient Outpatient	CDC#__ __ __ __ __ __ __ DOB__/__/__

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
		IDTT:
		Inmate was seen and evaluated by Interdisciplinary Treatment Team.
		Treatment Plan and Mental Health Placement were reviewed and approved
		as indicated on 7388 dated 1/17/07.
		Team Recommends CCMS Placement.
		S. Rippner, PhD S. Hedden LCSW
3/23/07	—	Psychiatry notes no change, passed. [signature] MD

INSTITUTION	CLINICIAN	BED NUMBER
CMC-E	S. Rippner, PhD	7268

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230-MH (Rev. 06/06)

Confidential Client/Patient Information

CDCR NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Last Name: CUNNINGHAM
First Name: JAMES
CDCR #: V72323
DOB: 2/16/1958

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
1/24/07	1:H ABSENTION	UCC INITIAL CLASSIFICATION: I/M received from SCC for
		☐ P.C. 2684 Evaluation and Return ☑ Mental health Treatment/Evaluation ☐ Out To Court
		☐ Medical Treatment and Return ☐ GP Housing ☐ Developmental Disabilities Program
		Endorsed ☐ PE ☐ EOP ☑ CCCMS ☐ Medical Necessity ☐ DD ☐ GP
		Release date: 12/3-/2014 Custody: ~~MAX~~ MED A CustodyLevel: III 35 PTS.
		Work Group Status D1 / D A1A EFF 12/17/05 T.A.B.E. 6.2
		Assignment Wait Lists: ☑ Support ☑ Academic ☐ Vocation ☐ Project Change
		☑ PIA ☐ Developmental Disabilities Education Program ☐ None
		Controlling Offense: H/T TELM ASSAULT C FILEARM - 12 YRS
		Criminal History:
		Disciplinary History:
		Gang Affiliations: UPTOWN BLOOD
		Medical Issues: ASTHMA
		Sex Offenses:
		PIA Preclusions:
		Visiting Restrictions: -0-
		Comments:
		DCWOEHL, LCSW

INSTITUTION	CLINICIAN	BED NUMBER
CMC-E		6264X

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230-MH (Rev. 06/06)

Confidential Client/Patient Information

CDCR NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Last Name: **CUNNINGHAM** First Name: **JAMES**

CDCR #: **V72323** DOB: **2/16/1958**

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
1/23/07		continued.
		A: continue bupropion 300 mg (depression),
		quetiapine 600 mg (?) (mood stabilization),
		Diphenhydramine 50 mg (initial insomnia / rhinitis).
		D/C hydroxyzine (redundant). Check baseline
		labs — SMA 18, TFTs, CBC. return in 4 to 6 weeks.
		[signature] B. Sugerman, M.D.

INSTITUTION | CLINICIAN | BED NUMBER | CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Cunningham, James
V72323

INTERDISCIPLINARY PROGRESS NOTES
CDCR 7230 MH (Rev. 06/06)
Confidential Client/Patient Information

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

COMMENTS (USE S. O. A. P. E. FORMAT)

? followup: Age: 49 PD: 2014

[illegible] from Jamestown. Why in MHDS?

Sleep: onset 2004, in jail; [illegible] SI,

depressed, hopeless, poor energy, anhedonic,

[illegible], ruminated, persisted weeks. Prior

similar in length, symptoms, then drank - had

withdrawal symptoms with VH. When drinking, violent,

[illegible]ession; ~~1st 2003.~~ convicted of DUI 2004.

being an [illegible]. Also, had fight with peer, [illegible]

[illegible], politics. He is a Blood "I could go back there

[illegible] to." Has friends on the yard knew from [illegible]

SI, HI; no psychotic content. Family Psych Hx -

depression, treated. At times has flashbacks, hyper-

street violence. "I'm tired of [illegible] for the [illegible]."

meth, cannabis (insufflated). Damaged left knee

[illegible] well developed, neatly groomed.

medications: Quetiapine helps sleep; no AH ([illegible]

or paranoia. Benadryl helps breathe, sleep.

exercise - calisthenics, walks laps. Weight: 273

grooming. relevant medications.

recurrent MDD with PTSD elements

Asthma (continued)

BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

State of California, Department of Corrections–Institution: SCC Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
1/17/07	CCCMS-N/A (S) "I'm a little depressed & I have a lot of paranoia. I was jumped at another prison by a couple of guys & I think it's going to happen again. Also I'm not sleeping. I just can't go to sleep. I think about suicide once in a while but I never tried to kill myself. I'm not thinking about suicide now. I came here from SCC because of problems I was having with other I/Ms there. My crime was ADW & my EPRD is 2014. I've got good relations with my mother & my kids. I think that I have improved my life & I'm taking more responsibility for my behavior." (O) appeared stable, focused, coherent, & pleasant. (A) Depressive D/O, NOS & Psychotic D/O NOS. Has some depression & reports that he continues to be very paranoid. (P) Continue CCCMS. He attends one group for self esteem. It is recommended that he also be in a 12 step oriented group for his ETOH problem.
	[signature] LCSW

Page #______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC# V72323 DOB 2/16/58

VOS 20399

CMC

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

Jan	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2007	7	8	9	10	11	12	13
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A

SEE MAR

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☐ASU ☒OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]						

Weekly Summary

Transferred to another facility 1-8-07 428

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V72323 DOB __/__/__

CMC

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

Jan	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2007	7	8	9	10	11	12	13
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A

SEE MAR

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☐ASU ☒OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]						

Weekly Summary

Transferred to another facility 1-8-07 428

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: First Name: MI: Cunningham CDC # V72323 DOB __/__/__

1-9-07

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams: Use Name & Title Stamp.

Date/Time:	
1-5-07	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front:
	Doing fine no problems to report. Appeared
	alert and cheerful. Declined an individual
	visit; transferring on Mon.
	[signature]
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center

Page # ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.	
12-29-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE	
	Appearance	☑ WNL
	Behavior	☑ WNL
	Mood	☑ WNL
	Sleep	☑ WNL
	Appetite	☑ WNL
	Affect	☑ WNL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	☑ None
	Medications	☑ Helpful
	Referral to psychiatrist needed ☐	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS: Seen at cell front: Doing fine, no problems to report. Appeared alert and calm. Accepted an individual visit.	
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center	

Page # ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V72323 DOB __/__/__

State of California, Department of Corrections – Institution: SCC

Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
12·27·06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☐ ~~WNL~~ poor
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☐ Helpful
	Referral to psychiatrist needed ☑
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	Doing better. Received letters and pictures of family. Also received needed legal paperwork. Will see psychiatrist tomorrow.
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center
	Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	CCCMS	Cunningham, James
Confidential Client/Patient Information See W & I Code, Section 5328	EOP	CDC # V-72323 DOB __/__/__
	Outpatient	

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC

Weekly Summary of Psych Tech Clinical Rounds

ASU/OHU

DEC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	17	18	19	20	21	22	23
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Current MHSDS Status: ☑CCCMS ☐EOP ☐MHCB Current Placement: ☑ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	[signature]	KC	[signature]	KC	KC

Weekly Summary

12/23/06 I/m shows no S/S of acute mental health decompensation. KC

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

1-4-07

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
12-22-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front. Doing fine, no problems to report. Appeared alert and calm. Accepted an individual visit.
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center
	Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds   ASU/OHU

DEC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	10	11	12	13	14	15	16
Suicidal Ideation	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A

Med Compliant row struck through with handwritten "See N/A".

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB   Current Placement: ☒ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	[signature]	KC	[signature]	KC	KC

Weekly Summary
12/16/06 I/M is responsive stable + in no acute mental health distress ——— [signature] LPT

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: Cunningham First Name: MI:
MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	Inpatient Outpatient	CDC # V-72323 DOB __/__/__

CMC

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC

Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date 12/31/06	31	1	2	3	4	5	6
Suicidal Ideation	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☒ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	KC	KC	[signature]	KC	KC

Weekly Summary

1/6/07 I/M IS stable & shows NO acute M.H. distress - KC

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V72323 DOB ___

State of California, Department of Corrections – Institution: SCC Prior Page Number: ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC

Weekly Summary of Psych Tech Clinical Rounds

ASU/OHU

DEC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	24	25	26	27	28	29	30
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☒ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	[signature]	KC	[signature]	[signature]	[signature]

Weekly Summary

12/30/06 – I/m alert, responsive, and appears in no acute mental distress. [signature]

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: First Name: MI: Cunningham CDC # V72323 DOB __/__/__

1-17-07

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
12-15-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front:
	Doing fine no problems to report. Appeared alert
	and calm. Accepted an individual visit.
	[signature]

Page # ______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB ___/___/___

State of Ca[illegible]rnia Department of Corrections & [illegible]habilitation
Sierra Conservation Center Progress Note

Date: 12/11/2006 Time: 1330 EPRD: / 1/Y Controlling Case:
S: Patient ID: 48 y/o ☐Single/☐Married/☐Common Law/☐Divorced; Children:
HPI & Complaints: [source of information is the patient]
Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares
Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased
Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☐Hopeless/ ☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger
Stressors: I/m reported he is doing well but is not getting his wellbutrin + wants it. He is too K-y [illegible] to transfer
Drug History: Alcohol Abuse:☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP
Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☐No
Current Psych Medications: ☐None/☐Abilify/☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/ ☐Lexapro /☐Lithium /☐Paxil /☐Prozac/☐Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☐Wellbutrin/☐Zoloft/☐Zyprexa
Side Effects: ☐ Yes ☐ No
Suicide History: ☐ Denies h/o any past suicide attempt;
O: Mental Status Exam

Appearance	☑Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ________
Behavior	☑Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑Normal ☐ Poor
Speech	☑Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑Full range ☐ Constricted ☐ Blunted ☐ Flat ☑Mood congruent ☐ Mood Incongruent
Thought Processes	☑Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑Good ☐ Limited ☐ Poor
Judgment	☑Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT
Axis I Depression d/o NOS
Axis II ☐ **Deferred**
Axis III
Axis IV **Incarceration** Yrs: Mos: ☐ Uncertain about date of parole.
Axis V Current GAF = 58
PLAN ☐ **Labs Ordered** **RTC:**
☐ Continue current psych med regimen ☐ Revise current psych med regimen
☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:
I/M stable on med

PATIENT EDUCATION
☐ Medication Informed Consent Obtained
☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.
☐ sleep hygiene ☐ compliance ☐ relapse prevention
☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: CUNNINGHAM, JAMES DOB 2-16-58 CDC # V72323 Date: 12-11-06

PSYCHIATRY

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
12-8-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front.
	Doing fine, no problems to report. Appeared
	alert and calm. Accepted an individual
	visit.
	[signature]
	L. Allen, Ph.D
	Staff Psychologist
	Sierra Conservation Center
	Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC

Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

Dec	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:- 2006	3	4	5	6	7	8	9
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Current MHSDS Status: ☑CCCMS ☐EOP ☐MHCB   Current Placement: ☑ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature				KC	KC	KC	KC

Weekly Summary

12/9/06 I/M stable cooperative & in no acute MH. distress — K. Cowne? PT

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES
MH 3 [3/21/96]
Confidential Client/Patient information
See W & I Code, Section 5328

LEVEL OF CARE
Inpatient
Outpatient

Last Name: Cunningham First Name: MI:

CDC # V72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC **Weekly Summary of Psych Tech Clinical Rounds** ASU/OHU

Nov-Dec.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	11/26	11/27	11/28	11/29	11/30	12/1	12/2
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A
	See MAR						

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☒ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[illegible]	[illegible]	KC	[illegible]	[illegible]	K Cowne	KC

Weekly Summary

Scheduled for IDTT 11-29

Schedule for ICC 11/30/06 K Cowne

12/2/06 I/m stable - In no acute mental distress at this time. J Scannella, CPT

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: CUNNINGHAM First Name: MI: CDC # V-72323 DOB __/__/__

Clinical Summary Outline for ICC

Institution Name: SCC **Housing, prior to AD/SEG:** ____________

1. Inmate Name and CDC#	Cunningham V72323
2. Date placed in AD/SEG	
3. a. Documented reason(s) for placement in AD/SEG b. Inmate's perception of incident	Safety
4. Type of Review (circle one)	114-D Review (Initial ICC) 30-day Review RVR
5. Single cell/Double cell suitability (circle one)	Single cell (Double cell)
6. a. Apparent ability to understand Due Process, including the disciplinary and classification process (circle one) b. Needs staff assistant	(Yes) No Unable to determine Yes (No)
7. MHSDS current Level Of Care (circle one)	Non-patient (CCCMS) EOP MHCB
8. Date first included in the MHSDS	
9. Response to treatment (circle one)	Poor Fair (Good) (Medication complaint) non-complaint Unable Unwilling
10. Behavioral Alerts	Suicidal behavior/risk Assaultive behavior/risk Vulnerable (likely to be victimized) ADL adequate Needs assistance
11. IDTT Recommendation for Level of Care (circle one)	Non-patient (CCCMS) EOP MHCB
12. Prognosis for stabilization, if AD/SEG placement continues (circle one)	Poor Guarded Fair (Good)
13. IDTT Recommendation for alternative placement (circle one)	CCCMS (GP) L4 EOP PSU DMH
14. IDTT Recommendation--Other	

ICC date and action: 11/30/06 Hold pending transfer

Inmate behavior during ICC and response to ICC action: Agitated, angry, understood, finally agreed

Next ICC scheduled for: ____________

ICC decision overruled IDTT recommendation for alternative placement. Special Review is scheduled for: ____________

Allen [signature] 11-30-06

Clinician's Name Signature Date

GAP 2545

ASU INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 11-29-06

Members present:
- (✓) L. Allen, Ph.D
- (✓) Maddox, MD, Psychiatrist
- ( ) R. Otto, Ph.D
- ( ) L. Brady, LPT
- (✓) L. Day, LPT
- (✓) Inmate attended
- (✓) C/O Hope
- (✓) CC Esquer
- ( ) CCII

Reason for Review:
- (✓) Initial Review
- ( ) Treatment Plan Review
- ( ) Annual Review
- (✓) Case Review
- ( ) Program Removal
- ( ) AD SEG Placement
- ( ) Other:

Administrative Segregation Issues (if applicable)

Date of AD SEG Placement: ____ Initial ICC Date: ____ Next ICC Date: ____

Reason for Placement:

Current AD SEG Disp:

Pertinent Case Factors Discussed: ( ) Treatment Plan Reviewed and Signed

Team Input/Recommendations: ( ) Not Applicable

Action Plan: ( ) See Treatment Plan

Other: ICC tomorrow

( ) Appropriate Chrono Completed

Next Review Date: ( )

Clinical Case Manager: (circle one) L. Allen, Ph.D None

Signature: [signature]

INMATE: Cunningham

NUMBER: V2323

IDTT AdSeg.doc

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
11-29-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☐ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	Battered on SCC III. Bassically doing fine; not too upset. Says it was just politics.
	Discussed ASU issues
	[signature]

Page # ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: First Name: MI: Cunningham, James CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
11-28-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☐ WNL eyes are very red
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☐ WNL poor
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☐ Helpful
	Referral to psychiatrist needed ☑
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	Wants a meds adjustment. Will refer to psychiatrist tomorrow. Basically doing very well. Will go to ICC this week.
	[signature]
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]	LEVEL OF CARE CCCMS	Last Name: First Name: MI: Cunningham, James
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC

Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

Nov Date: 2006	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	19	20	21	22	23	24	25
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

SEE MAR

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☒ASU ☐OHU

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature			KCLPT	[illegible]	[illegible]	[illegible]	KCLPT

Weekly Summary: Arrived in Ad-SEG late 10/20/06. 4) 11/23/06 @AM wellbutrin states to tired in AM to sleep. [illegible] Otherwise in no acute mental distress. KC 11/23

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
1-22-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front.
	Doing fine, no problems to report. Appeared
	alert and calm. Accepted an individual
	visit.
	[signature]
	L. Allen, Ph.D
	Staff Psychologist
	Sierra Conservation Center
	Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	CCCMS	Cunningham
Confidential Client/Patient Information See W & I Code, Section 5328	EOP	CDC # V-72323 DOB __/__/__
	Outpatient	

State of Ca... ...nia Department of Corrections & R... ...abilitation
Sierra Conservation Center Progress Note

Date: 11 / 6 / 2006 **Time:** 1330 **EPRD:** / / 14 **Controlling Case:**

S: Patient ID: 48 y/o ☐Single/☐Married/☐Common Law/☐Divorced; Children:

HPI & Complaints: [source of information is the patient]

Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares

Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased

Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☑Hopeless/ ☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger

Stressors: I/M reported he is taking his meds + its working for him

Drug History: Alcohol Abuse:☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☐No

Current Psych Medications: ☐None/☐Abilify/☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☑Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☐Wellbutrin/☐Zoloft/☐Zyprexa

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt;

O: Mental Status Exam

Appearance	☑Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ______
Behavior	☑Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑Normal ☐ Poor
Speech	☑Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑Full range ☐ Constricted ☐ Blunted ☐ Flat
	☑Mood congruent ☐ Mood Incongruent
Thought Processes	☑Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑Good ☐ Limited ☐ Poor
Judgment	☑Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT

Axis I Depressive d/o NOS

Axis II ☑Deferred

Axis III

Axis IV Incarceration Yrs: Mos: ☐ Uncertain about date of parole

Axis V Current GAF = 55

PLAN ☐ **Labs Ordered** **RTC:** 1 mo

☑Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:

D/M Stable on meds

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☐ sleep hygiene ☐ compliance ☐ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: Cunningham, Jane DOB 2/16/58 CDC # V72323 Date: 11-6-06

State of Ca[...]nia Department of Corrections & [...]tation
Sierra Conservation Center Progress Note

Date: 10/22/2006 **Time:** 1400 **EPRD:** 1/1/4 **Controlling Case:**

S: Patient ID: 48 y/o ☐Single/☐Married/☐Common Law/☐Divorced; Children: 7 children

HPI & Complaints: [source of information is the patient]

Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares

Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased

Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☐Hopeless/ ☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger

Stressors: I/M reported that he has been accused of not taking his medication when he was reluctant to open his mouth to be checked. He feels it is demeaning.

Drug History: Alcohol Abuse ☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☑Methamphetamine ☐PCP

Allergies: ☐ NKDA; **Seizure d/o:** ☐Yes/☐No

Current Psych Medications: ☐None/☐Abilify/☑Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☑Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☑Wellbutrin/☐Zoloft/☐Zyprexa

Side Effects: ☐ Yes ☑ No

Suicide History: ☐ Denies h/o any past suicide attempt;

O: Mental Status Exam

Appearance	☑ Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ____
Behavior	☑ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑ Normal ☐ Poor
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑ Full range ☐ Constricted ☐ Blunted ☐ Flat
	☑ Mood congruent ☐ Mood Incongruent
Thought Processes	☑ Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑ No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑ Good ☐ Limited ☐ Poor
Judgment	☑ Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT

Axis I Depressive d/o NOS

Axis II ☑ **Deferred**

Axis III

Axis IV **Incarceration** Yrs: Mos: ☐ Uncertain about date of parole.

Axis V Current GAF = 55

PLAN ☐ **Labs Ordered** **RTC:** 11-21-06

☑ Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:

I/M instructed he has to submit to mouth checks to receive medication.

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options; most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☑ sleep hygiene ☑ compliance ☑ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: Cunningham, James DOB: 2/16/58 CDC #: V72323 Date: 10/22/06

Please FILE

State of C... ornia Department of Corrections & ...habilitation
Sierra Conservation Center Progress Note

Date: 10/16/2006 Time: 1530 Face to face interview ☑Yes/☐No EPRD: 2014

SUBJECTIVE: Patient ID: 48 y/o ☑Single/☐Married/☐Common Law/☐Divorced; Children: 6

HPI & Complaints: [source of information is the patient]

Pt feels he needs more energy in the afternoon the feels a little depressed then

Drug History: Alcohol Abuse:☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; Seizure d/o: ☐Yes/☑No

Current Psych Medications: ☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☑Remeron/☑Seroquel/☐Trazodone/☐Wellbutrin/☐Zoloft/☐Zyprexa Wellbutrin

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt;

OBJECTIVE Mental Status Exam

Appearance	☑ Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ______
Behavior	☑ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑ Normal ☐ Poor
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑ Full range ☐ Constricted ☐ Blunted ☐ Flat ☑ Mood congruent ☐ Mood Incongruent
Thought Processes	☑ Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑ No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑ Good ☐ Limited ☐ Poor
Judgment	☑ Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT

Axis I Depressive d/o NOS

Axis II ☐ **Deferred**

Axis III

Axis IV **Incarceration** Yrs: 2 Mos: ☐ Uncertain about date of parole.

Axis V Current GAF = 50

PLAN ☐ **Labs Ordered** **RTC:**

☐ Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:

↑ Wellbutrin to 100 qAM + 150 qPM

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☑ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☐ sleep hygiene ☑ compliance ☑ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. Signature: Michael Maddox, MD

MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES
MH 3 [26 March 2006]
Confidential Client/Patient Information
See W & I Code, Section 5328

LEVEL OF CARE:
☐ Inpatient
☑ Outpatient

Name: Cunningham, James DOB: 2/16/58
CDC # V72323
Date: 10-16-06

State of California, Department of Corrections–Institution: S.C.C. Prior Page Number: ________

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

EPRD 2014

Date/Time: Use Name & Title Stamp.

10/12/06 ψ Note - 90 Day CM F/U "hope next yr - I've got an appeal"

S: "I'm good... the medications fine... It helps c̄ day to day coping c̄ the penitentiary system you know officers give you a bad X... I'm in Bldg 5... I go to Cel Recovery... Visiting... Medical... I get around... I'm working a good program... I go to computer class... @ August I had a breakdown... I felt my recovery wasn't working, everyone was out to get me... I've only been really working Recovery/faith ≈ 9 months"

O: I.M. is a 52 D; ↑ hig AA ♂ of (30 → 6 y.o.) → 7 children. "The boys are all grown, my mother is kinda in charge my ex [illegible] resented that, but I felt it was best for the girls". MSE: Fully WNL's Ø DTS, Ø hx. S/A's; Ø DTO's currently. I.M freely admits to violent hx, but reports extensive, sincere efforts toward Δ. Ø Ψ dx sxs, Ø acute sxs of mood D.O. I.M med compliant c̄ Ø (-) S.E's.

A: Very personable, engaging, forthcoming, seemingly sincere I.M striving for self-improvement & Δ.

Hx: Dxs: Axis I Depr. D.O. NOS & ETOH Dep. - Inst. Remission
Axis II V71.01 Antisoc Adult Behavior
V71.02 " " Adol " (Hx Gang Involvement)

GAF = 70

P: - Cont ψiatry as sched.
- Cont Clin Case Mgt F/U ≤ 90 days &/or I.M request.

G. Moore, PhD

Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient Outpatient (circled)	Last Name: First Name: MI: Cunningham, James CDC# V72323 DOB 2/16/58

VOS 20399

SIERRA CONSERVATION CENTER
INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 7/20/06

Members present:
- (X) Moore, PhD, Staff Psychologist
- (X) Otto, PhD, Senior Psychologist
- ( ) Allen, PhD, Staff Psychologist
- ( ) Backlund, PhD, Staff Psychologist
- ( ) Sanchez, LCSW
- (X) Parks, PhD, Staff Psychologist
- ( ) Lancaster, PhD, Staff Psychologist
- ( ) Savage, PhD, Staff Psychologist
- ( ) Halliburton, PhD, Staff Psychologist
- ( ) Palmer, MD, Staff Psychiatrist
- (X) Lemp, MD, Psychiatrist
- (X) CCI Lopez
- ( ) Inmate attended

Reason for Review:
- ( ) Initial Review
- ( ) Treatment Plan Review
- (X) Annual Review
- ( ) Program Review
- ( ) Program Removal
- ( ) Case Review
- ( ) AD SEG Placement
- ( ) Other: ______
- ( ) ______

Date of AD SEG Placement: ______ Initial ICC Date: ______ Next ICC Date: ______

Reason for Placement: ______

Current AD SEG Disp ______

Pertinent Case Factors Discussed: (X) Treatment Plan Reviewed and Signed

Team Input/Recommendations: (X) Not Applicable

Action Plan: (X) See Treatment Plan

Other: Cont. C̄ LOC

( ) Appropriate Chrono Completed

Next Review Date: ( ) 7/20/07

Clinical Case Manager

Signature: J. Moore, PhD

INMATE: Cunningham, J.

NUMBER: V72323

IDTT#1

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	(CM). 30 D F/U Use Name & Title Stamp.
7/13/06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
@ 11⁴⁰ am	Appearance Cave - knee ☒ WNL
	Behavior TALKATIVE ☒ WNL
	Mood low in Am's. ☒ WNL
	Sleep corrected c̄ Rx ☒ WNL
	Appetite good ☒ WNL
	Affect cooperative, liable ☒ WNL
	Suicidality occ S/I, Ø Attempts ☒ None noted or stated Ø Hx
	Hallucinations Ø ☒ None
	Delusions Ø ☐ None (Fatigue) would like
	Medications Benadryl, Seroquel 600, Remeron 15mg ☒ Helpful Nice combo, Wellbutrin
	Referral to psychiatrist needed ☒ refer to MD → too!
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	- Hurt himself: knee chair fell apart. No X-ray.
	- MISSING family Ø phone calls. Recovery M-SAT.
	Church svc. Helps!
	- ~~Stag~~ STRUGGLES c̄ fatigue & MOTIVATION.
	- WAITING for group - "self ?" c̄ 26th
	- Ø take INSTITUTIONAL ISSUES personally.
	RDPatr, PhD.
	7-20-06 0940 ō s/z
	OK, but wants wellbutrin

OK, stv ran and wellbutrin) Rob

Page # ___ ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	(CCCMS)	Cunningham, James
Confidential Client/Patient Information See W & I Code, Section 5328	EOP	
	Outpatient	CDC # V-72323 DOB 2/16/58

7-18-06 JUL 17 2006 Copy Dr. mental health 294787

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT 7/5/06

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☑ MENTAL HEALTH ☑ DENTAL ☐ MEDICATION REFILL ☑

NAME	CDC NUMBER	HOUSING
James Cunningham	V72323	5-T-111
PATIENT SIGNATURE		DATE 7-3-05

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) Twisted knee pain full-also need to see psych adult mornings meds s.a.p, need Tums antacids problems lower back pains, I have fell of a broken chair

A. Moore 7/20

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE 7/5/06

Date / Time Received:	Received by:
Date / Time Reviewed by RN:	Reviewed by:

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A:

P:

☐ See Nursing Encounter Form

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP:	DATE OF APPOINTMENT:
COMPLETED BY	NAME OF INSTITUTION

PRINT / STAMP NAME	SIGNATURE / TITLE	DATE/TIME COMPLETED

CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

7-18-06 Dr. Church JUL 07 2006 Copy for mental health 294787

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

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NAME	CDC NUMBER	HOUSING
James Cunningham	V72323	5-T-111
PATIENT SIGNATURE		DATE 7-3-05

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) Twisted Knee pain full-also need to see Psych. adult Morning Meds ASAP Need Tums Antacids Problems Lower Back Pains, I have fell of a Broken chair

A. Moore 7/20

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

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Date / Time Received:	**Received by:**
Date / Time Reviewed by RN:	**Reviewed by:**

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A:

P:

☐ **See Nursing Encounter Form**

E:

APPOINTMENT SCHEDULED AS:	EMERGENCY (IMMEDIATELY) ☐	URGENT (WITHIN 24 HOURS) ☐	ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP:	DATE OF APPOINTMENT:
COMPLETED BY	NAME OF INSTITUTION

PRINT / STAMP NAME	SIGNATURE / TITLE	DATE/TIME COMPLETED

CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

State of California, Department of Corrections–Institution: SCC Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
	6-28-06 10 AM ō S/I ō Hx S/A
	N.B. death in fam 3/06 – really bad to be in prison – ↑ irritable, ↓ sleep, ↓ ambition
	Ⓔ OK for sleep / wgt stable @ 290 lb
	Ⓞ OK – ? short (but polite), down
	Ⓐ 1° = depression
	Ⓟ Add Benadryl 25mg Add Remeron 15mg Cont Seroquel 600
	pt. agrees
	[signature]

Page #______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: First Name: MI: CUNNINGHAM, JAMES V72323 02/16/58 CDC#_ _ _ _ _ _ _ DOB__/__/__

State of California, Department of Corrections–Institution: S.C.C. Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
5/9/06	Chart Review F/U p IDTT (4/27/06)
	- I.M. apparently referred by DR. Church (note 3/2/06) to IDTT "for review". ? I.M.'s concern re: possible housing Δ to gym
	- IDTT 4/27/06 Rec: /action Plan/ other as follows:
	- Cont. Same Tx Plan
	- Cont. CC Mgt F/U ≈ 30 days (this clinician if I.M. cont. housing Bldg 5)
	- I.M. assessed as "Not EOP" (at IDTT & prior evals see note/ MH 3 5/3/06)
	- I.M. due for IDTT Annual ≈ 7/21/06
	- Update MH 2 (last 7/21/05), prior to "
	- Update MH 4 (last 7/13/05) PRN, " "
	- I.M. stable, however requesting appt. c Psychiatrist, DR. Church (specifically) re: desires "Benadryl", ? sleep disturbance vs. ↓ tolerance for delay in sleep onset.
	- Appt c Dr. Church 5/18/06 re: aforementioned
	* Note: In last sev contacts c this clinician I.M. appears c request/concern c secondary gain &/or apparent underlying motive(s).
	T. Moore, PhD (stamp) T. Moore, PhD.

Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient Outpatient	Last Name: First Name: MI: Cunningham, Jame CDC# V72323 DOB 2/16/58

State of California, Department of Corrections–Institution: S.C.C Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	EPRD 2014 Use Name & Title Stamp.
5/3/06	ψ Note - CM 90 Day F/U (1st Mtg. c this clinician, met I.M. at IOTT)
S:	"I'm ok. sometimes pretty good, other times not ... yeah I wanted to go EOP so I can move closer to my family [San Diego]..." I.M. spec. c/o "I'd like the Benadryl back... for sleep..."
O:	I.M. is a S, 50 y.o., well-nourished, nicely groomed AA fa of 6 (5 - 30 yrs of age); & c his mo. alive & well. (Misinformed re: EOP, Inter CDC transfers, etc... Open-minded; seemingly comprehended info., appreciative of same.) Mood = ^dysthymic, but broad range appro affect, congruent to content of discussion. Clearly denies current S/H. I Ø hx S/A's; (+) hx violence. Ox4, speech spontaneous, clear, coherent, organized, Ø report/evid. of ψotic sxs/process. (Hx: ? A/H. see prior Data Base). I & J - fair → good at this X. Historically - ~~I & J~~ insight severely limited c grossly impaired judgment ? 2° sub. use/abuse. Minimizes this !! I.M. vaguely mentions some sleep disturbance, but Ø signif. ↓/↑ reported.
A:	(Prov) Dx: Axis I Dep D.O. NOS ETOH Dep. Ø acute issues, concerns... would like ψiatrist appt re: Benadryl
P:	- F/U CM c 30 days (esp. if. I.M. assigned to this clinician c ↑ info.) - ψiatrist appt - per sched. ~1/mnth; vs. I.M. req. Page # J. Moore, PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH 3 [3/21/96]

Confidential Client/Patient Information See W & I Code, Section 5328

LEVEL OF CARE: C3 — Inpatient / Outpatient

Last Name: First Name: MI: Cunningham, Jame

CDC# V72323 DOB 2/16/58

VOS 20399

SIERRA CONSERVATION CENTER
INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 4/27/06

Members present:
X Moore, T. PhD
( ) Alexander, PhD, Staff Psychologist
X Otto, PhD, Senior Psychologist
X Allen, PhD, Staff Psychologist
( ) Backlund, PhD, Staff Psychologist
( ) Sanchez, LCSW
( ) Hardcastle, PhD, Staff Psychologist
X Lancaster, PhD, Staff Psychologist
( ) Savage, PhD, Staff Psychologist
( ) Halliburton, PhD, Staff Psychologist
( ) Palmer, MD, Staff Psychiatrist
X Lemp, MD, Psychiatrist
X CCI Clark
( ) Inmate attended

Reason for Review:
( ) Initial Review
( ) Treatment Plan Review
( ) Annual Review
( ) Program Review
( ) Program Removal
( ) Case Review
( ) AD SEG Placement
( ) Other: ________
( ) ________

Date of AD SEG Placement ________ Initial ICC Date ________ Next ICC Date ________

Reason for Placement ________

Current AD SEG Disp ________

Pertinent Case Factors Discussed ( ) Treatment Plan Reviewed and Signed

Team Input/Recommendations ( ) Not Applicable

Action Plan: ( ) See Treatment Plan

Other:

Follow up – Not E.O.P Candidate at this time

( ) Appropriate Chrono Completed Next Review Date: ( )

Clinical Case Manager: T. Moore PhD INMATE: Cunningham, J.

Signature: T. Moore, PhD NUMBER: V72323

IDTT#1

State of California, Department of Corrections–Institution: SCC Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
3/2/06	Psych C
11	too much stimulation pm (w)
	wants not to go gym
	referred to CCM / VOTT for revie…
	nondgr / nonpsych; no other sse
	not S/H
	A/P n/c
	CBP
	optimize
	RTC pro 3 months
	[signature]
	4-27-06 1500 IDT
	? metabolic syndrome
	Rol [signature]

Page #:

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH-3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: J72327 CDC#: DOB: / /

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 11/08/2005; ________

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ________

S Briefing is going well - I was been restless sleeping problems - Will refer to psychiat To discuss meds.

O Appearance: ☒ WNL

Mood: ☒ WNL   Affect: ☒ WNL

Thoughts: ☒ WNL   Speech: ☒ WNL

Behavior: ☒ WNL   Eye contact: ☒ WNL

Sleep: ☐ WNL problems   Appetite: ☒ WNL

Hallucinations: ☐auditory ☐visual ☐denies   Delusions: ☒ denies

DANGER TO SELF: yes/denied/no signs (circled: no signs)   DANGER TO OTHERS: yes/denied/no signs (circled: no signs)

Other:

A GAF: 65   LOC: ☐GP ☒CCCMS ☐EOP   Dx: ☒same as MH2 ☐change MH2 (refer to IDTT)

Impressions: ☒stable

P Next scheduled session in _____ days. Continue current Treatment Plan: ☒yes ☐no (if no, refer to IDTT)

Consulted with:

Signature: [signature], PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/First Name/MI: Cunningham James CDC # V-72323 DOB 2/16/58

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 8 / 12 /2005 :________

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ________

S Went to Classification - put on list for Computer Training - Doing well Sleeping is good. Appetite good.

O Appearance: ☒ WNL

Mood: ☒ WNL Affect: ☒ WNL

Thoughts: ☒ WNL Speech: ☒ WNL

Behavior: ☒ WNL Eye contact: ☒ WNL

Sleep: ☒ WNL Appetite: ☒ WNL

Hallucinations: ☐auditory ☐visual ☒denies Delusions: ☒ denies

DANGER TO SELF: yes/denied/no signs DANGER TO OTHERS: yes/denied/no signs

Other:

A GAF: 64 LOC: ☐GP ☒CCCMS ☐EOP Dx: ☒same as MH2 ☐change MH2 (refer to IDTT)

Impressions: ☒stable Has Appeal starting in Superior Court San Diego

P Next scheduled session in ____ days. Continue current Treatment Plan: ☒yes ☐no (if no, refer to IDTT)

Consulted with:

Signature: [signature] PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/ First Name/MI: Cunningham James CDC # V-72323 DOB 2/16/58

State of California, Department of Corrections — Institution: Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES — All Staff, Clinicians, Treatment Teams

Date/Time:	RC MD. Use Name & Title Stamp:
5/18/05	S/O – Sleep is poor. He Cutting at [illegible]
12[illegible]	He is [illegible]
	[illegible]
	[illegible]
	A – [illegible] mood SX
	P – [illegible]
	c [illegible]
	c [illegible]
	JOHN C. [illegible]ESTON, M.D. Staff Psychiatrist R.J.D.C.F.
6/22/05	RC MD
10[illegible]	S/O – will re-check labs (Chem 24) He is
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	A – [illegible]
	P – [illegible] 600[illegible]
	c [illegible]
	c [illegible] JOHN C [illegible] Staff Psychiatrist R.J.D.C.F.
7/28/05	YTC
1900	NAO / no se / not S-H / stable, cpo [illegible]

Page # ______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 (3/21/96) Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-73373 DOB / /

State of California Department of Corrections Institution:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Date/Time:	Psychiatric Note s — Use Name & Title Stamp.
4/26/05	S: c/o poor sleep, lost I.D. so missed
	a couple of Prozac's before he found it. Some
	dysphoria but continues to program. Occasionally
	hears name called. Denies thoughts of harming
	himself or others, delusions. Discussed lab —
	he says he was fasting (glu 110) + ↑'d LFT's
	h/x IV Heroin and shared needles c individual who
	had hepatitis.
	O: alert/oriented x3/ Good grooming, average
	eye contact. Linear speech s̄ evidence of
	hallucinations, delusions, SI, HI. Mood polite,
	mildly anxious. Memory c̄ judgment intact for safety
	A: Mood D/O NOS
	Chemical Dependency
	↑LFT's / Serum glucose
	P: Δ Remeron to 15 B.I.D to see if sleep ↑
	Benadryl 100 PM
	Continue Prozac
	Refer Internal medicine
	Follow 3 weeks. A. P. Chamberlain

Page # ____

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH-3 (3/21/96)

Confidential Client/Patient Information See W&I Code Section 5328

LEVEL OF CARE

Inpatient

Last Name: First Name: MI: Cunningham, James

CDC #: V-22322 DOB:

State of California, Department of Corrections — Institution: RJDCF Prior Page Number

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Use Name & Title Stamp.

Date/Time:	
4-4-05 1440	R/C & Med Eval: I/P is 48 y.o. on psychotropics intermittently x 8 yrs for (CC) "sleep and mood changes... swings... and violence, a little." I/P denies hx suicide attempts, current SI or HI. I/P reports he has mood swings "when I can't have my way." I/P notes this is his first term for assault c̄ a deadly weapon. "Ever since then, I've been in a bad mood." He notes improving mood since starting on Prozac almost 1 month ago. Appetite is fine, sleep at 4-5 hours on Seroquel. DOC - ETOH (2-3 40oz beers). I/P c/o feeling tired c̄ "no motivation at all." I/P reports hearing his name being called and peripheral shadows, no true AH or VH. I/P notes hypervigilance which he calls paranoia, but is more consistent c̄ sense of entitlement. I/P also reports hypomanic episodes, but appears to be discussing better times s̄ true mood swings. Thinking focused on the inequities of the legal system & his perceived right to reclaim items which he reports were taken from

Page # 1 of 2

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH 3 [3/21/96]

Confidential Client/Patient Information See W&I Code, Section 5328

LEVEL OF CARE

Inpatient

Outpatient

Last Name: Cunningham First Name: James MI:

CDC # V-72323 DOB / /

State of California, Department of Corrections — Institution: RJDCF Prior Page Number

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Use Name & Title Stamp.

Date/Time:

2-2-05 cont'd

him. MSE: IP is in NAD, but focuses on desire for improved situation.
No SI/HI/AH/VH/delusions. Thinking logical, IQ is WNL. Judgement & insight are limited.
Fam hx: IP reports father is Dx c "paranoid schizophrenia", & had problems c EtOH, & Rx'd c Prozac & Klonopin.
I/P denies SE c Prozac or Seroquel.
A. I. Mood disorder NOS
R/O Adjustment issues
II. Deferred
III. hx of asthma
IV. first term
V. 60
Plan: ↑ Prozac, D/C Seroquel add Remeron. RTC- 3 week.
CColin

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH 3 [3/21/96]

Confidential Client/Patient Information See W & I Code, Section 5328

LEVEL OF CARE

Inpatient

Outpatient

Last Name: Cunningham First Name: James MI:

CDC #: V-72323 DOB _/_/_

MENTAL HEALTH TREATMENT PLAN

I. General Information

Treatment Setting **CCCMS**

Arrival Date This Treatment Setting: 1/16/2007

From: SCC

Current Level of Care: ☐ NONE ☑ CCCMS ☐ EOP ☐ MHCB ☐ OTHER

Current Housing: ☐ RC ☑ GP ☐ CTC ☐ ASU ☐ PSU ☐ SHU ☐ OTHER

TODAY'S DATE 1/17/07

NEXT UPDATE 1/17/08

Custody Level: MAX

EPRD: 2014

Date Reviewed: Initials: Date Reviewed: Initials: Date Reviewed: Initials:

II. CLINICAL SUMMARY

48 year old AA I/M who transferred from SCC on 1/16/07. He was transferred because of problems with other I/Ms. His diagnoses are: Depressive D/O, NOS + Psychotic D/O, NOS. He's taking Wellbutrin + Seroquel + Vistaril. Reports: insomnia, some depression + paranoia. He has a GED + went to San Diego State College. Has good family support

III. PROBLEM LIST

Number	Problem	Intervention/Clinician	Goal	Progress / Date
1	~~Seroquel~~	~~[illegible]~~		
2	Depression	Cognitive Beh.	Sx reduction	Sx reduction - mild dep.
3	Psychosis	" "	Sx reduction	Sx reduction Some Paranoia
	ETOH	12 Step process	~~[illegible]~~ develop recovery plan	Positive Thought process

IV. PSYCHOTROPIC MEDICATION

Number	Problem/Target Symptom	Medication	Goal	Progress / Date
1	Psychosis	Seroquel	Sx reduction	Reduced
2	Depression	Wellbutrin	Sx reduction	Reduced
3	Insomnia	Vistaril	Improve sleep	Problems

V. CURRENT RISK FACTORS/BEHAVIORAL ALERTS:

See Form Dated For Detailed Description

Summary: I/M's crime was assault with a deadly weapon. Hx of violent assault.

VI. RECOMMENDED HOUSING:

☐ Single Cell ☐ Double Cell ☒ No Recommendation

VII. TRANSFER/DISCHARGE TO:

☐ Non-MHSDS ☒ CCCMS ☐ EOP ☐ MHCB ☐ APP ☐ ICF ☐ DTP ☐ Parole

INSTITUTION CMC-E

CLINICIAN S. Rippner, PhD

INMATE BED NUMBER 7268

DATE 1/17/07

Name (Last, First, MI), CDC Number, DOB

Last Name: CUNNINGHAM

First Name: JAMES

CDCR #: V72323

DOB: 2/16/1958

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

…tion: CMC-E …linician: S. Rippner, PhD Date:

…I. Mental Status Examination

…. Appearance: Well groomed

…. Behavior/Cooperation: Cooperative

…. Orientation: ☒ WNL

…. Speech: ☒ WNL

…. Affect: ☒ WNL ~~Dysphoric~~

…. Mood: ☐ WNL Dysphoric

G. Sleep/Appetite: ☐ WNL "Sleep is terrible" – Has trouble going to sleep
Appetite – fair

H. Cognition:

Fund of Information	☒ WNL
Intellectual Functioning	☒ WNL
Concentration	☒ WNL
Attention	☒ WNL
Memory	☒ WNL

I. Though Processes: ☒ WNL ☐ Tangential ☐ Circumstantial ☐ Loose

J. Perception:

Hallucinations ☐ None Hears Voices saying "Hi or Hey"

K. Thought Content:

Delusions ☐ None thinks he is going to jumped. It has happened before.

Ideas of Reference ☒ None

Obsessions ☒ None

Magical Thinking ☒ None

L. Insight ☐ WNL fair

Judgment ☐ WNL fair

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

Name (Last, First, MI), CDC Number, DOB

Last Name: **CUNNINGHAM** First Name: **JAMES**

CDCR #: **V72323** DOB: **2/16/1958**

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MENTAL HEALTH TREATMENT PLAN

IX. DIAGNOSIS, CURRENT DSM

Axis I.	311	Depressive D/O, NOS
	298.9	Psychotic D/O, NOS
Axis II.	V71.09	No Diagnosis
Axis III.	Asthma, (2) Knee Injury	
Axis IV.	Incarceration	
Axis V.	GAF= 64 Specify Functional Impairment: Paranoid Behavior (Isolation)	
	☐ Work/School ☐ ADL ☐ Medical ☒ Interpersonal ☒ Behavior ☐ Psychological	

X. TREATMENT TEAM MEMBERS (Please Print) Team: CCC

Name	Position/Title	Signature
S. Rippner, PhD	Psychologist	

[signatures]

INSTITUTION CMC-E	CLINICIAN S. Rippner, PhD
INMATE BED NUMBER 7268	DATE 1/17/07

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

Page 5 of 6

Name (Last, First, MI), CDC Number, DOB

Last Name: CUNNINGHAM	First Name: JAMES
CDCR #: V72323	DOB: 2/16/1958

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

State of California, Department of Corrections: N / C / S Region, Service Area = N, Institution = SCC

MENTAL HEALTH TREATMENT PLAN: Sequential Part One Identifier Number **Page 1 of 2**

☑ Original ☐ Update ☐ Rejustification ☐ CCCMS Annual Case Review

I. General Information:	By: ☐ Team ☐ Individual Clinician ☐ MH 6 ☐ C File ☐ Health Record ☐ Unit Health Record ☐ MH 1 ☐ MH 4 ☐ Prior MH 2 _/_/_	Today Date 7/21/05 Next Up Date 7/21/06
Arrival Date This Treatment Setting: 7/8/05 ☐ CCCMS ☐ EOP ☐ MHCB/Infirmary ☐ PSU -- ☐ _____ week observation. Anticipated Date of Transfer to GP: _/_/_		
Custody Level: I / II / (III) / IV / AdS / SHU		

II. Print Treatment Team Members	Position	Telephone & Extension
Backlund, PhD.	Psych	
Otto, PhD	"	
Church, MD	Psychiat	
Pate CCI	Corr. Couns.	

III. Present Mental Status Date 7/14/05 By LANCASTER Title

A) Appearance ☐WNL

B) Behavior ☐WNL Speech ☐WNL

C) Mood ☐WNL Sleep ☐WNL Appetite ☐WNL Affect ☐WNL

D) Cognition:
1) Fund of Information ☐WNL
2) Intellectual Functions ☐WNL
3) Organization of Thought ☐WNL
4) Association of Thought ☐WNL
5) Reality Contact ☐WNL
6) Thought Quality ☐WNL

See MH 4 7/14/05

E) Perception Disturbances (Hallucinations) ☐ None

F) Thought Content (Delusions) ☐ None

G) Sensorium (Orientation, Memory, Attention, Concentration) ☐WNL

H) Insight & Judgment ☐WNL

I) Interview Attitude ☐WNL

J) Current Suicidality ☐None noted or stated.

K) Current Violence Risk ☐None noted or stated.

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96] Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC # V-72323 DOB 2/16/58

Mental Health Treatment Plan Part One:

IV. DSM IV Numerical ☐Last MSE __/__/__ ☐Last TP __/__/__ MH 1☐__/__/__ Last MH 4 ☐ __/__/__

Axis I	296.90	Mood Dis NOS
	303.90	ETOH
Axis II	799.9	Deferred
Axis III		
Axis IV		(current) Incarceration
Axis V		GAF = 64 Describe basis

V. Problem / Symptom List

#1 Depressive mood changes

#2

#3

VI. Inmate's Strength and Weakness, Goals Inmate's Treatment Goals, ☐ MH 6 Input

Depressive mood swings

VII. Plan estimate to transfer to lower level of care:

☐**Dual Diagnosis** Treatment Readiness: ☐ Amenable ☐ Motivated ☐ Resistant

Signature(s)

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96] Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC # V72323 DOB 2/16/58

State of California, Department of Corrections: N / C / S Region, Service Area = ___, Institution, ___

TREATMENT PLAN PART TWO: PROBLEM → # ___ pg. ___ Today Date: 7/21/05

☐Initial Treatment Plan ☐Update because ___ ☐Re-justify, ___ weeks

Prob. #	Describe Problem: Depressive mood	Possible Completion	Date
		Next Review	Date
	Target Behavior(s): mood Changes Depressed		
	Target Objective(s): Reports Fewer mood Changes and not Depressed		

Date	Intervention (s) & Staff Assigned.	Frequency and Duration.	Results.
7/21/05	med mgmt	Daily	
	Cm contact	Q90	
	Inst Program	Daily	
	Declined Group	—	
7/21/06	IDTT annual		
	Cont. C3 LOC		
	Interventions per above — T Moore, PhD		

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96] Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC # V72323 DOB 2/16/58

SIERRA CONSERVATION CENTER
JAMESTOWN, CALIFORNIA

X-RAY REPORT

NAME: Cunningham, James **CDC #:** V-72323 **DATE:** 11-20-06

AGE: 49 **PHYSICIAN:** Dr. Sweetland

X-RAY OF: Mandibular series (AP, oblique, lateral submentovertex projection)
COMPARISON: None

BRIEF HISTORY: Trauma. Rule out fracture.

FINDINGS:
The examination demonstrates no soft tissue abnormalities. Bones and joints are intact. The facial bones and calvarium, as visualized, are unremarkable in appearance. The perinasal sinuses are well-pneumatized as visualized.

IMPRESSION:
Normal mandibular series.

MD: JW:jd
D: 11-22-06
T: 11-22-06

[signature]
J. Wilson, M.D.
Radiologist

SCC M.D. Initials: [initials] **Date:** 12/7/06

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 11/08/2005 ; ________

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ____________

S Briefing is going well / was been restless sleeping problems — will refer to psych to discuss meds.

O Appearance: ☒ WNL

Mood: ☒ WNL Affect: ☒ WNL

Thoughts: ☒ WNL Speech: ☒ WNL

Behavior: ☒ WNL Eye contact: ☒ WNL

Sleep: ☐ WNL problems Appetite: ☒ WNL

Hallucinations: ☐auditory ☐visual ☐denies Delusions: ☒ denies

DANGER TO SELF: yes/denied/(no signs) DANGER TO OTHERS: yes/denied/(no signs)

Other:

A GAF: 65 LOC: ☐GP ☒CCCMS ☐EOP Dx: ☒same as MH2 ☐change MH2 (refer to IDTT)

Impressions: ☒stable

P Next scheduled session in _____ days. Continue current Treatment Plan: ☒yes ☐no (if no, refer to IDTT)

Consulted with:

Signature: [signature], PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/First Name/MI: Cunningham James CDC # V-72323 DOB 2/16/58

State of California, Department of Corrections – Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 8 / 12 /2005 : ______

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ______

S Went to Classification – put on list for Computer Training – Doing well Sleeping is good. Appetite good.

O Appearance: ☒ WNL

Mood: ☒ WNL Affect: ☒ WNL

Thoughts: ☒ WNL Speech: ☒ WNL

Behavior: ☒ WNL Eye contact: ☒ WNL

Sleep: ☒ WNL Appetite: ☒ WNL

Hallucinations: ☐auditory ☐visual ☒denies Delusions: ☒ denies

DANGER TO SELF: yes/(denied/no signs) DANGER TO OTHERS: yes/(denied/no signs)

Other:

A GAF: 64 LOC: ☐GP ☒CCCMS ☐EOP Dx: ☒same as MH2 ☐change MH2 (refer to IDTT)

Impressions: ☒stable Was Appeal starting in Superior Court San Diego

P Next scheduled session in ___ days. Continue current Treatment Plan: ☒yes ☐no (if no, refer to IDTT)

Consulted with:

Signature: [signature] PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/ First Name/MI Cunningham James CDC # V-72323 DOB 2/16/58

State of California Department of Corrections Institution: Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Date/Time:	RC MD. Use Name & Title Stamp.
5/18/05	S/O – sleep is poor. He [illegible]
12[illegible]	He is [illegible]
	no [illegible]
	[illegible] OSE
	A – [illegible] mood SX
	P e add [illegible] 30g [illegible]
	c ([illegible]) [illegible] (last [illegible] 110 4/6/05)
	c [illegible] 4 [illegible]
	JOHN C [illegible]ESTON, M.D. Staff Psychiatrist R.J.D.C.F.
6/22/05	RC MD
10[illegible]	S/O – Will re-check [illegible] ([illegible] 24) He is
	[illegible] to [illegible] to 600[illegible] – He is
	[illegible] OSE [illegible] He is [illegible]
	[illegible] will [illegible] to [illegible]
	is [illegible]
	A – [illegible]
	P – [illegible] 600[illegible] [illegible]
	c [illegible]
	c [illegible] 4[illegible] JOHN C [illegible]ESTON, Staff Psychiatrist R.J.D.C.F.
7/27/05	[illegible] T C
1400	NAD / no sel / not SI-H / stable, CPP

Page # ____

[illegible signature]

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH-3 (3/21/96)

Confidential Client/Patient Information See W & I Code, Section 5328

LEVEL OF CARE

Inpatient

Outpatient

Last Name: Cunningham First Name: MI:

CDC # V-72323 DOB / /

State of California Department of Corrections Institution: ______ Prior Page Number: ______

PSYCHOLOGICAL/INTERDISCIPLINARY PROGRESS NOTES: All Staff Clinicians, Treatment Teams

Date/Time:	Psychiatric Note: Use Name & Title Stamp.
4/26/05	S: c/o poor sleep, lost ID so missed a couple of Prozac before he found it. Some dysphoria but continues to program. Occasionally hears name called. Denies thoughts of harming himself or others, delusions. Discussed lab — he says he was fasting (glu 110) + ↑'d LFT's. Hx IV Heroin and shared needles c individuals who had hepatitis.
	O: Alert/oriented x3 / Good grooming, average eye contact. Fluent speech s̄ evidence of hallucinations, delusions, SI, HI. Mood polite, mildly anxious. Memory c̄ judgment intact for safety
	A: Mood D/O NOS
	Chemical Dependency
	↑LFT's / Serum glucose
	P: Δ Remeron to 15 B.i.d to see if sleep ↑
	Benadryl 100 PM
	Continue Prozac
	Refer Internal medicine
	Follow 3 weeks. A. P. Chamberlain

Page # ______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH-3 (3/01/96)

Confidential Client/Patient Information

LEVEL OF CARE: Inpatient

Last Name: Cunningham First Name: James MI:

State of California, Department of Corrections Institution: RJDCF Prior Page Number

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Use Name & Title Stamp.

Date/Time:	
4-4-05 1440	R/C 4 Med Eval: I/P is 48 y.o. on psychotropics intermittently x 8 yrs for (CC) "sleep and mood changes... swings... and violence, a little." I/P denies hx suicide attempts, current SI or HI. I/P reports he has mood swings "when I can't have my way." I/P notes this is his first term for assault c̄ a deadly weapon. "Ever since then, I've been in a bad mood." He notes improving mood since starting on Prozac almost 1 month ago. Appetite is fine, sleep at 4-5 hours on Trazodone. DOC - ETOH (2-3 40oz beers). I/P c/o feeling tired c̄ "no motivation at all." I/P reports hearing his name being called and peripheral shadows, no true AH or VH. I/P notes hypervigilance which he calls paranoia, but is more consistent c̄ sense of entitlement. I/P also reports hypomanic episodes, but appears to be discussing better times s̄ true mood swings. Thinking focuses on the inequities of the legal system & his perceived right to reclaim items which he reports were taken from

Page # 1 of 2

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH 3 [3/21/96]

Confidential Client/Patient Information See W. & I Code, Section 5328

LEVEL OF CARE

Inpatient

Outpatient

Last Name: Cunningham First Name: James MI:

CDC # V-72323 DOB / /

State of California, Department of Corrections — Institution: RJDCF Prior Page Number: ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Use Name & Title Stamp.

Date/Time:	
2-2-05	him. MSE: I/P is in NAD, but focuses
cont'd	on desire for improved situation.
	No SI/HI/AH/VH/delusions. Thinking
	logical, IQ is WNL. Judgement & insight
	are limited.
	Fam hx: I/P reports father is Dx
	c̄ "paranoid schizophrenia", & had
	problems c̄ EtOH, & Rx'd c̄ Prozac
	& Klonopin.
	I/P denies SE c̄ Prozac or Seroquel
	A. I. Mood disorder NOS
	R/O Adjustment issues
	II. Deferred
	III. hx of asthma
	IV. first term
	V. 60
	Plan: ↑ Prozac, D/C Seroquel add
	Remeron. RTC-~3 week.
	CColins

Page # 2 of 2

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 (3/21/96) Confidential Client/Patient Information See W. & I. Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC # V-72323 DOB _/_/_

MENTAL HEALTH TREATMENT PLAN

General Information

Treatment Setting CCCMS

Arrival Date This Treatment Setting: 1/16/2007

From: SCC

Custody Level: MAX

Current Level of Care: ☐ NONE ☑ CCCMS ☐ EOP ☐ MHCB ☐ OTHER

Current Housing: ☐ RC ☑ GP ☐ CTC ☐ ASU ☐ PSU ☐ SHU ☐ OTHER

EPRD: 2014

TODAY'S DATE: 1/17/07

NEXT UPDATE: 1/17/08

Date Reviewed: Initials: Date Reviewed: Initials: Date Reviewed: Initials:

II. CLINICAL SUMMARY

48 year old AA I/M who transferred from SCC on 1/12/07. He was transferred because of problems with other I/Ms. His diagnoses are: Depressive D/O, NOS + Psychotic D/O, NOS. He is taking Wellbutrin + Seroquel + Vistaril. Reports: insomnia, some depression + paranoia. He has a GED + went to San Diego State College. Has good family support.

III. PROBLEM LIST

Number	Problem	Intervention/Clinician	Goal	Progress / Date
1	~~Seroquel~~	~~[illegible]~~		
2	Depression	Cognitive Beh.	Sx reduction	Sx reduction - mild dep.
3	Psychosis	" "	Sx reduction	Sx reduction Some Paranoia
	ETOH	12 Step focus	~~[illegible]~~ develop recovery plan	Positive thought process

IV. PSYCHOTROPIC MEDICATION

Number	Problem/Target Symptom	Medication	Goal	Progress / Date
1	Psychosis	Seroquel	Sx reduction	Reduced
2	Depression	Wellbutrin	SX reduction	Reduced
3	Insomnia	Vistaril	Improve sleep	Problems

V. CURRENT RISK FACTORS/BEHAVIORAL ALERTS:

See Form Dated For Detailed Description

Summary: I/M's crime was assault with a deadly weapon. Hx of violent assault.

VI. RECOMMENDED HOUSING: ☐ Single Cell ☐ Double Cell ☒ No Recommendation

VII. TRANSFER/DISCHARGE TO: ☐ Non-MHSDS ☒ CCCMS ☐ EOP ☐ MHCB ☐ APP ☐ ICF ☐ DTP ☐ Parole

INSTITUTION CMC-E

CLINICIAN S. Rippner, PhD

INMATE BED NUMBER 7268

DATE 1/17/07

Name (Last, First, MI), CDC Number, DOB

Last Name: CUNNINGHAM First Name: JAMES

CDCR #: V72323 DOB: 2/16/1958

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MC-E Clinician: S. Rippner, PhD Date:

Mental Status Examination

Appearance: Well groomed

B. Behavior/Cooperation: Cooperative

C. Orientation: ☒WNL

D. Speech: ☒WNL

E. Affect: ☒WNL ~~Dysphoric~~

F. Mood: ☐WNL Dysphoric

G. Sleep/Appetite: ☐WNL "Sleep is terrible" - Has trouble going to sleep
Appetite - fair

H. Cognition:

- Fund of Information ☒WNL
- Intellectual Functioning ☒WNL
- Concentration ☒WNL
- Attention ☒WNL
- Memory ☒WNL

I. Though Processes: ☒WNL ☐Tangential ☐Circumstantial ☐Loose

J. Perception:

- Hallucinations ☐None Hears Voices saying "Hi or Hey"

K. Thought Content:

- Delusions ☐None think he is going to jumped. It has happened before.
- Ideas of Reference ☒None
- Obsessions ☒None
- Magical Thinking ☒None

L. Insight ☐WNL fair

Judgment ☐WNL fair

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

Page 3 of 6

STATE OF CALIFORNIA

Name (Last, First, MI), CDC Number, DOB

Last Name: **CUNNINGHAM** First Name: **JAMES**

CDCR #: **V72323** DOB: **2/16/1958**

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MENTAL HEALTH TREATMENT PLAN

IX. DIAGNOSIS, CURRENT DSM

Axis I.	311	Depressive D/O, NOS
	298.9	Psychotic D/O, NOS
Axis II.	V71.09	No Diagnosis
Axis III.	Asthma, (L) Knee Injury	
Axis IV.	Incarceration	
Axis V.	GAF= 64 Specify Functional Impairment: Paranoid Behavior (Isolation)	
	☐ Work/School ☐ ADL ☐ Medical ☒ Interpersonal ☒ Behavior ☐ Psychological	

X. TREATMENT TEAM MEMBERS (Please Print) Team: CCC

Name	Position/Title	Signature
S. Rippner, PhD	Psychologist	

[Signatures]

INSTITUTION CMC-E

INMATE BED NUMBER 7268

CLINICIAN S. Rippner, PhD

DATE 1/17/07

Name (Last, First, MI), CDC Number, DOB

Last Name: **CUNNINGHAM**

First Name: **JAMES**

CDCR #: **V72323**

DOB: **2/16/1958**

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

State of California, Department of Corrections: N / C / S Region, Service Area = N, Institution = SCC

MENTAL HEALTH TREATMENT PLAN: Sequential Part One Identifier Number **Page 1 of 2**

☒ Original ☐ Update ☐ Rejustification ☐ CCCMS Annual Case Review

I. General Information:	By: ☐ Team ☐ Individual Clinician	Today Date
Arrival Date This Treatment Setting: 7/8/05	☐ MH 6 ☐ C File ☐ Health Record	7/21/05
☐ CCCMS ☐ EOP ☐ MHCB/Infirmary	☐ Unit Health Record ☐ MH 1	Next Up Date
☐ PSU -- ☐ ______ week observation.	☐ MH 4 ☐ Prior MH 2 __/__/__	7/21/06
Anticipated Date of Transfer to GP: __/__/__		
Custody Level: I / II / (III) / IV / AdS / SHU		

II. Print Treatment Team Members	Position	Telephone & Extension
Backlund, PhD.	Psych	
Otto, PhD	"	
Church, MD	Psychiat	
Pate CCI	Corr. Couns.	

III. Present Mental Status Date 7/14/05 By LANCASTER Title

A) Appearance ☐ WNL

B) Behavior ☐ WNL Speech ☐ WNL

C) Mood ☐ WNL Sleep ☐ WNL Appetite ☐ WNL Affect ☐ WNL

D) Cognition:
1) Fund of Information ☐ WNL
2) Intellectual Functions ☐ WNL
3) Organization of Thought ☐ WNL
4) Association of Thought ☐ WNL
5) Reality Contact ☐ WNL
6) Thought Quality ☐ WNL

See MH 4 7/14/05

E) Perception Disturbances (Hallucinations) ☐ None

F) Thought Content (Delusions) ☐ None

G) Sensorium (Orientation, Memory, Attention, Concentration) ☐ WNL

H) Insight & Judgment ☐ WNL

I) Interview Attitude ☐ WNL

J) Current Suicidality ☐ None noted or stated.

K) Current Violence Risk ☐ None noted or stated.

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96]	LEVEL OF CARE	Last Name: Cunningham First Name: James MI:
Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1	Inpatient	
Confidential Client/Patient Information See W & I Code, Section 5328	Outpatient	CDC # V-72323 DOB 2/16/58